

ALUMINIUM TWO THOUSAND



9 – 13 April 2019, BHR Hotel Treviso
Treviso/Venice - Italy

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BHR Hotel Treviso - Italy

HOW TO REGISTER

If you are interested in participating in ALUMINIUM TWO THOUSAND WORLD CONGRESS, please mail or fax the attached registration form to: Interall Srl, via Marinuzzi 38, 41100 Modena-Italy
Phone +39-059-282390, Fax +39-059-280462, E-Mail: aluminium2000@interall.it

PAYMENT

Fees can be paid by any of the following methods signed into the under registration form.
Registered participants will receive regular invoice confirming receipt of payment.

REGISTRATION CARD

I wish to register to the ALUMINIUM TWO THOUSAND World Congress 2019 in Treviso, Italy

* Please check on the Preliminary Catalogue the activities included by this registration.

- | | |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Speaker - Full Event | <input type="checkbox"/> Delegate - Full Event |
| <input type="checkbox"/> Speaker - 2 days conference | <input type="checkbox"/> Delegate - 2 days conference |
| <input type="checkbox"/> Speaker - 1 day conference | <input type="checkbox"/> Delegate - 1 day conference |
| <input type="checkbox"/> Student - Full Event | <input type="checkbox"/> Exhibitor |
| <input type="checkbox"/> Student - 2 days conference | <input type="checkbox"/> Sponsor |
| <input type="checkbox"/> Student - 1 day conference | <input type="checkbox"/> Accompanying |

Company: _____ Name & Surname: _____

Address: _____

Country: _____

Email: _____

Partita IVA _____ VAT number _____

Ways of payment:

A Bank Transfer (net of any collection fees) has been made to: Banca Popolare dell'Emilia Romagna - Agency 4 - 41100 Modena, Italy - Account No. 7440 - to the Att.n of INTERALL Srl - CAB 12904, ABI 05387, CIN: O, Swift Code=BIC: BPMOIT22, IBAN: IT 71 0 05387 12904 000000007440

Please charge my **Credit Card** Type:

 Visa  MasterCard  Amex

for € _____ Credit Card Number _____

CV2 code (the final 3 figures on back side of the credit card) _____ Expire Date _____

Signature _____ Name of the Cardholder _____

Registration is confirmed only after receipt of payment

**SEND YOUR REGISTRATION BY EMAIL TO: aluminium2000@interall.it or BY FAX +39 059 280462
OFFICIAL WEBSITE: www.aluminium2000.com**